



**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Subsection (b) of 35 U.S.C. § 132, effective on May 29, 2000,
provides for continued examination of an utility or plant application
filed on or after June 8, 1995.
See The American Inventors Protection Act of 1999 (AIPA).

Application Number	09/273,238
Filing Date	March 19, 1999
First Named Inventor	James Goodwin
Group Art Unit	2663
Examiner Name	Min Jung
Attorney Docket Number	812495-150/10.230

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any
design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 C.F.R. § 1.114**

Note: If the RCE is proper, any previously filed unentered amendments and
amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If
applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such
amendment(s).

- a. ☐ Previously submitted.
If a final Office action is outstanding, any amendments filed after the final Office action may be
considered as a submission even if this box is not checked.
- i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- ii. ☐ Other _____
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Submission of Formal Drawings
- v. ☐ Petition for Three-month Extension of Time

2. **Miscellaneous**

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of
_____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(f) required)
- b. ☐ Other _____

3. **Fees** The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.

- a. ☒ The Director is hereby authorized to charge the following fees, additional fees which may be required, or credit any
overpayments, to Deposit Account No. 14-1138. I have enclosed a duplicate copy of this sheet.
- i. ☒ RCE fee required under 37 C.F.R. § 1.17(e) in the amount of \$790.00
- ii. ☐ Extension of time fee (37 C.F.R. §§ 1.136 and 1.17) in the amount of _____
- iii. ☒ Other Petition fee required under 37 C.F.R. § 1.17(m) in the amount of \$1500.00 to Revive Unintentionally
Abandoned Patent Application
- b. ☐ Check in the amount of \$ _____ enclosed
- c. ☐ Payment by credit card (Form PTO-2038 enclosed)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	Jessica M. Egner c/o Gunnar Leinberg	Registration No. (Attorney/Agent)	51,646
Signature		Date	

CERTIFICATE OF MAILING OR TRANSMISSION
[37 CFR 1.8(a)]

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail
in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being
facsimile transmitted to the USPTO at _____, on _____.

Signature:	
Name:	

Adjustment date: 07/25/2007 CKHLUK
07/23/2007 DEIRMANU1 00000076 141138 09273238
01 FC:1801 790.00 CR

07/23/2007 DEIRMANU1 00000076 141138 09273238
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REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>7</u> <u>24</u> <u>07</u>		2 Serial/Patent # <u>09273238</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
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<input type="checkbox"/>	Petition			\$
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<input checked="" type="checkbox"/>	Other <u>RCE</u>		<u>7/20/07</u>	\$ <u>790.00</u>
		7 TOTAL AMOUNT OF REFUND		\$ <u>790.00</u>
		8 TO BE REFUNDED BY:		
10 REASON:		<input checked="" type="checkbox"/>	Treasury Check	
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	
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<input checked="" type="checkbox"/>	No Fee Due (Explanation):			
<u>Filing of RCE was not necessary/proper.</u>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Liana Walsh</u>			TITLE: <u>Pets Examiner</u>	
SIGNATURE: <u>[Signature]</u>			PHONE: <u>23206</u>	
OFFICE: _____				
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APPROVED: <u>[Signature]</u>			DATE: <u>7/25/07</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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